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ECZEMA

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ECZEMA

A Consideration of Its Course, Diagnosis, and Treatment, embracing many Points of Practical Importance, and containing 146 Prescriptions, illustrating Dosage in Local Applications.

BY

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PREFACE.

This arrangement of the common knowledge regarding eczema has been devised with the hope that it will render the study of the disease more convenient than has been done by the other works extant. The dogmatic manner in which some of the facts have been presented will doubtless be pardoned when it is recalled that any statement no matter how true, loses weight when qualified. Accordingly, in the treatment, the physician who consults these pages will be agreeably surprised to find explicit directions for the care of the case, a novel feature in books devoted to this subject.

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ECZEMA.

A detailed consideration of this rather widespread disease presumes a knowledge of the primary lesions of the skin and also the effects of the preparations of various drugs when used locally. Without this knowledge chaos, as regards this subject, must reign supreme. The diagnosis in any case depends on the former; while the treatment rests entirely on the latter.

DEFINITION.—A most casual glance at any case of the disease shows to the trained eye, that the disease is inflammatory in nature being attended by the usual phenomena of heat, redness, swelling, and discharge. Pain may occasionally be present but is usually substituted by itching and burning. Couched in more technical terms the disease may be said to be characterized by erythema, vesicles, pustules, or papules. These characteristics are made use of in naming the clinical varieties of the disease. As each case progresses, scales and crusts will be formed. In those instances in which

vesiculation is a prominent feature, a discharge is common. There is always more or less infiltration and thickening of the skin depending upon the duration and the severity of the disease. The affection is at no time contagious.

Synonyms.—While the term Eczema is rather well known it is not universal and other names are employed to designate it both by physicians and laity. Among these may be mentioned, Tetter, Salt Rheum, Scall, etc.

Types.—It is customary to consider the affection as of three types. Acute, subacute, and chronic, but the line of demarkation between these cannot be sharply drawn. A given case may be chronic as regards its duration yet be markedly acute as regards the violence of its inflammatory reaction. It is a safe working rule to regard cases that react slowly, if at all, to medication as chronic and those that react promptly, as acute. Those cases in the borderland between these extremes are of necessity subacute.

Varieties.—Custom has placed the stamp of approval on designating the disease according to the primary lesion most prevalent in each case. For instance should erythema or diffuse redness be the most prominent feature of a certain case,

the term *Eczema erythematosum* is employed; if vesiculation, *Eczema vesiculosum*; if pustulation, *Eczema pustulosum*; if papules are most common, *Eczema papulosum*. The chronic cases such as are encountered in leg ulcers are termed *Eczema rubrum*; if much oozing or discharge is present, *Eczema madidans*. When involution of the disease is well established desquamation is common and to these cases *Eczema squamosum* is applied. A fissured eczema is called *Eczema fissum*; a warty eczema, *Eczema verrucosum*, and a markedly thickened or leathery eczema, *Eczema sclerosum*.

While this nomenclature may be of service for purposes of classification it is not essential to an understanding of the disease since these varieties are not permanent types. That which was erythematous yesterday may and often is vesicular to-day, and a vesicular eczema of to-day may be pustular to-morrow. An eczema rubrum becomes an eczema squamosom as resolution begins but any undue irritation may readily engraft a vesicular condition upon it. Hence it is much better to confine oneself to the one term eczema reserving the others to express the clinical changes as they occur from time to time.

Causes.—While the condition may be attributed

to countless causes, it may be said that local irritation in some form is the chief one, granting, however, a condition of the skin that impairs its resisting powers. It can scarcely be said that the disease is ever inherited, although it must be acknowledged that a highly sensitive and irritable condition of the integument may be transmitted from parents to their offsprings, which in the presence of local irritation precipitates an eczema. From this it may be readily seen that the "personal equation," "the individual's unit of resistance," or what not, becomes a factor of prime importance in this, as in many other diseases.

Many observers claim that the rheumatic or gouty diathesis especially predisposes to eczema and that the attacks of each may be interchangeable. While it is difficult to prove this postulate, or the converse, it would seem more rational to attribute the disease to external causes possible of detection rather than to delve into the mazes of an intricate morbid physiology, which at best provides only a theory of the cause of the condition, which is at all times open to criticism.

Marked cases of eczema have been observed in the course of serious internal diseases such as nephritis and diabetes showing the possibility of

these affections as causal factors but this should not warrant the supposition that all obstinate cases of this affection have as their underlying cause some grave internal condition.

Malnutrition, in any degree, is, perhaps, the most important internal cause of eczema. If we employ the term malnutrition to cover the host of conditions induced by poor food, gastrointestinal disorders, constipation, autointoxication, faulty action of the liver and kidneys, overwork, neurasthenia, disturbances of the circulation, etc., the study of the etiology of eczema becomes simplified, since we can readily see how any affection of the skin may be produced by any internal condition that impairs its nutrition. Hence we can readily appreciate how the disease is so greatly influenced by disorders of the gastro-intestinal tract (an observation vouched for by many authorities).

Dentition is seldom, if ever, a cause of eczema although it has been the custom for ages to attribute cutaneous eruptions which seem vague to the attending physician, to that troublesome epoch known as "cutting the teeth." It must be acknowledged that the neurotic disturbance incident to teething may predispose to any affection,

but the occurrence of the disease before and the persistence of the eczema past this disturbing period in many cases and its relief in many others by treatment directed toward more obvious causes would tend to show only that both conditions were likely to occur coincidently.

Among the less common causes of eczema that should be taken into consideration may be mentioned affections of the mucous membrane, especially asthma, pregnancy, intestinal parasites, adherent prepuce, malaria, vaccination, and functional and organic nerve disorders. It may be noted in passing that asthma and eczema very occasionally occur alternately; as one appears the other disappears.

External Causes.—As has already been mentioned local irritation is, perhaps, the most common cause of eczema. The exact nature of this irritation is often difficult of detection but in any given case, should the patient be isolated from every source of irritation it is common to note prompt and marked improvement. In instances in which the skin is already the site of some other disease such as scabies, dermatitis venenata, ichthyosis, seborrhea, impetigo contagiosa, etc., sometimes even the slightest irrita-

tion, especially if prolonged, will engraft an eczema on the original disease.

Contact with soap, counterirritants, poisonous vegetation, drugs of various kinds, antiseptics, dye-stuffs, sugar, flour, tobacco, etc., are common causes of this disease. The irritation produced by any continuous discharge is sufficient to give rise to the affection. Heat, cold, and moisture are also causes. Exposure to cold and to the effect of cold winds is a more potent factor than is ordinarily supposed and accounts for the predominance of the disease during the winter months.

It has been noted that in certain trades, eczema is particularly common and follows a more or less fixed type and constant situation corresponding to the areas exposed. This has given rise to the term "trade eczema." These cases are directly traced to some irritating substance employed in the particular kind of work.

Pathology.—All authorities are agreed that eczema may be regarded as being of the nature of a catarrhal inflammation of the skin. Its morbid physiology, however, is very difficult to determine for very obvious reasons. It is likewise difficult to associate it with bacterial invasion although various microorganisms have been

found more or less constantly, but they are considered by most observers to be present only by accident and have no direct bearing on the disease process. An exception to this may be granted in the case of pustular eczema in which the presence of pus-producing organisms gives rise to the prominent lesions, the pustules. Local structural nerve-changes are sometimes encountered but these too are, doubtless, secondary.

The seat of the earliest changes is in doubt but since erythema or congestion is the earliest clinical manifestation, it is reasonable to suppose that the earliest pathologic change is dilatation of the blood-vessels, which are located in the corium. Some previous functional changes in the vasomotor nerve system of the part, however, must be presumed to allow of this dilatation. The attendant swelling which is likewise an early clinical manifestation, is due to the increased blood-supply, local leukocytosis, serous exudation from the blood-vessels, and to a parenchymatous edema of the transitional epithelium. This edema is also present in the granular layer. One of its earliest results is a broadening of the prickle-layer. Secondary to this group of alterations is noted a marked cellular proliferation. Thus it

will be seen that in the essentials, eczema differs but slightly in its pathology from inflammation in general.

The mode of production of the several prominent lesions of the disease deserves passing mention. Unfortunately these modes cannot be defined with certainty. The formation of the vesicle is still the subject of discussion. Its origin most likely is in an epithelial cell of the middle or upper layer of the rete; the vesicular change being brought about by the edema and consequent expansion of the cell, although some are formed between the cells. The addition of a collection of leukocytes is believed to produce the pustule. When the thickening and infiltration of the corium, incident to the inflammatory reaction, are limited to the follicles, papules are produced.

The raw oozing surface seen in acute vesicular and chronic eczema is due to the rapid edematous infiltration which casts off the epidermis exposing the corium. The infiltration and thickening in all chronic eczemas is due to the cellular exudate in the deeper layers. The scaling seen in all eczemas during resolution is due to increased activity of the epidermis. The pigmentation observed in certain types of the disease of long-

standing is in all probability due to alteration in the rete mucosum although it may be possible to demonstrate pigment in the corium and around the blood-vessels.

Symptoms.—The objective manifestations of eczema, to a large extent, constitute the disease. In any given case we observe the congestion or erythema, the vesiculation, the pustulation, the lichenification, the discharge, the thickening, the scaliness, etc., according to the stage and type under consideration. As subjective symptoms may be mentioned itching and burning. The former is attested by the numerous scratch marks present.

These various symptoms may pursue an acute, subacute, or chronic course. In most cases the course is chronic depending on the environment of the individual and faulty treatment. The disease tends to be self-limited. In the majority of instances the affection is localized to one or more regions but occasionally it is universal.

Eczema erythematosum is that variety of the disease in which diffuse redness is the most characteristic feature. It may begin as one or more irregular reddish macules or spots which often enlarge peripherally, and coalesce. Itching

and burning are present from the outset and frequently are very intense. As the disease progresses the redness becomes more pronounced and is accompanied by swelling of the skin which swelling often obliterates its natural folds. There is no discharge in this variety except in those instances in which opposing surfaces are affected and friction between them is common. This feature of the disease is known by the term *eczema intertrigo*. There is always more or less fine scaling in all stages of the disease but toward the end of its course the scaling becomes profuse. While in most cases the affected area is dry, it is by no means uncommon to find oozing in one or more small patches. Scratch marks and excoriations are nearly always present. The disease is most commonly observed in middle-aged and elderly people. The face is the region most often involved but it is also encountered at the back of the neck, and on the genitalia, and on the fingers. Occasionally it is universal. When situated upon the face, the intense redness and swelling may cause it to be confused with erysipelas. The type of the disease is essentially acute but the course, as regards time, is chronic. In explanation of this statement it may be remarked that the

disease appears suddenly and appears to respond to treatment with the same rapidity but before resolution is entirely established, there is often another outbreak similar to the first. It is the succession of acute outbreaks that prolong the affection and give it its chronic aspect. It may also be mentioned that this variety of the disease is caused in most cases by exposure to extremes of heat and cold. Hence it may follow sunburn and is also common in cooks and firemen. Exposure to cold winds is also a cause. In those individuals predisposed by previous attacks, indulgence in alcoholic beverages, or dietetic indiscretions may precipitate an acute outbreak.

Eczema papulosum is that variety of the disease which is manifested by pin-head sized, rounded, or acuminate papules. It is also known as *lichen simplex*, *eczema lichenoides*, and *lichen eczematodes*. The color of the lesions varies from a bright red to a dark red. The disease occurs with greatest frequency on the flexor surfaces of the extremities but may occur in any situation. The lesions may remain discrete or they may become confluent. When the lesions occur closely crowded together there is considerable infiltration and the patches resemble those of lichen planus.

This condition is termed *lichenification* and also *lichen circumscriptus*. Occasionally the papules become converted into vesicles but it is more common for the original type to be maintained throughout the course of the disease. Itching of an intense and persistent character is present. Scratchmarks and excoriations are consequently features of the disease. The individual papules tend to persist for a longer period than most of the lesions of eczema and often make their appearance in crops.

ECZEMA VESICULOSUM constitutes one of the most common forms of the disease and as the name implies one of its chief characteristics is the formation of vesicles. It is this variety that is so frequently encountered upon the faces of infants and young children and upon the flexor surfaces, especially of the fingers and hands, in adults. No part of the body is exempt but it rarely is universal. Any type of eczema may become vesicular under the influence of undue irritation.

At the beginning of an attack of this form of the disease, the area to be attacked is the seat of burning and, perhaps, slight pain. It soon becomes diffusely reddened and swollen and shortly

there appear numerous rounded or acuminated pin-point vesicles closely crowded together. These vesicles are at first discrete and contain a clear or slightly opaque fluid. They do not maintain their individuality very long. As the fluid accumulates, they tend to become confluent. The epidermis being more or less edematous permits of the early rupture of the vesicles as well as their coalescence. As the discharge from the ruptured vesicles accumulates, it dries forming crusts, which condition, when the affection occurs in infants on the face, is oftentimes termed *crusta lactea*. One crop of vesicles follows the other in rapid succession with rupture and continuation of the discharge and crusting for a variable period.

When the disease occurs on regions other than the face, the individuality of the vesicles is maintained for a greater period and crusting is less common. Itching is always present and frequently is almost intolerable. The resultant scratching causes the vesicles to lose their tops and numerous pin-point areas of oozing are to be observed. Papules and vesicopapules are often incidents in the course of the disease. The affection is essentially chronic in nature with acute outbreaks now and then, and a tendency toward

recurrence. A termination in eczema rubrum is by no means uncommon.

ECZEMA PUSTULOSUM may be considered as a secondary affection. It is also described under the term *eczema impetiginosum*. It really begins as a vesicular type and the pustular change is brought about by the action of pus-producing microorganisms gaining access to the vesicular lesions. As in the case of vesicular eczema, the lesions rupture early forming thick, yellowish, offensive crusts. Sometimes the discharge is so great as to undermine the epidermis and expose the surface beneath. Pustular eczema is usually observed on the scalp and face in children and young adults, whose general health is below par and whose environment is of the most unhygienic character. Pediculosis of the scalp is a common accompaniment. Uncleanliness is a factor of importance. The affection is also seen at times upon the thighs and legs of strumous adults.

Sometimes a pustular type of eczema attacks the hair-follicles of the bearded region in adults. This is termed *follicular eczema*, or *eczema sycosiforme*. It is often difficult to distinguish this type from true sycosis.

Itching and burning, and a feeling of more or

less soreness constitute the subjective symptoms of pustular eczema. The course is chronic but this variety is not as perisistent as some of the others. The difficulty encountered in obviating the cause accounts for the exacerbations and recurrences so frequently observed.

ECZEMA RUBRUM is the type which all weeping varieties of the disease tend to become. It is therefore to be regarded as a secondary type. It is the most common clinical variety. While the disease may be encountered upon any portion of the body, it is most commonly observed on the face in infants and children and upon the lower extremities in persons past middle life. The features it presents are the red, highly inflamed, weeping surface, the infiltration, and the crusting. The degree of redness varies as does also the degree of oozing and moisture. When the oozing is marked the term *eczema madidans* may be used to describe the condition. The exudation is at first only a sticky serum but soon becomes contaminated with blood, pus, and extraneous matter forming various kinds of crusts. This condition is termed *eczema crustosum*. Itching and burning are always present and there may also be a complaint of pain. The condition is always diffuse and charac-

terized by infiltration and thickening. When occurring upon the legs, eczema rubrum may be and often is accompanied by varicose veins and ulcers. It is the most troublesome form of the disease since it occurs usually in those who are least able to give it the attention it requires. Indiscreet treatment causes its persistance in children while in adults its continuation may be accredited to the viscissitudes attendant upon poverty.

ECZEMA SQUAMOSUM is also a secondary clinical type and is observed as a latter stage in the involution of nearly all the primary types. It is indicative of the attempt toward resolution brought about by the cellular proliferation of the epidermis. As in the case of the other varieties of the disease, it may be observed in any situation, but is seen with greatest frequency on the scalp, back of the neck, the legs, and the arms. Usually it occurs in one diffuse area but occasionally circumscribed patches, resembling psoriasis may be encountered. Such examples of the disease are called *eczema psoriasiforme*. Eczema squamosum consists essentially of redness, infiltration, thickening, and desquamation. Itching is present in varying degrees. When occurring at the flexures fissuring is not uncommon. The course is chronic.

Eczema fissum is the term employed to designate that clinical variety of the disease characterized by fissures. It is also known as *eczema rimosum* and *eczema rhagadiforme*. The most familiar example of this variety is the "chapped" condition of the hands observed during the winter season. The affection always occurs in the course of a squamous eczema, and at times the fissures are deep and painful.

Eczema sclerosum is another clinical variety in which the infiltration has produced a markedly thick and leathery condition of the skin. It is observed with greatest frequency on the palms, soles, and finger-tips. A tendency to the formation of cracks and fissures is also noted. The affection may occur in patches resembling callositas, then again the patches may be rough and uneven with papillary hypertrophy (*eczema verrucosum*).

Diagnosis.—From a practical standpoint, if from no other, it is of the greatest importance to differentiate eczema from the many other affections that resemble it. In order to do this satisfactorily it is necessary to bear in mind constantly its characteristic features which briefly may be said to be, redness, swelling, edema, discharge, infil-

tration and thickening, various combinations of the primary lesions of the skin, diffuse outline of the affected area, and marked itching and burning. Acute eczema may be said to be present when the inflammatory reaction is intense and the secondary changes are slight but this means of distinction between acute and chronic eczema is by no means absolute.

Erysipelas and eczema may be confused with each other particularly when the latter assumes the erythematous or slightly vesicular type. In such instances there is considerable swelling and edema coincident to the eczema and a location (the face) is selected where erysipelas is prone to occur. In erysipelas, however, there is a febrile reaction and usually the history of an acute coryza with the original erysipelatous lesion somewhere in the vicinity of the nose. This lesion enlarges and spreads rapidly presenting a rosy-red shining surface with a well-defined border. The inflammation is deeper than in eczema and the surface is tense. Blebs may be formed. Burning and soreness are present and there is more or less constitutional disturbance. The acme of the disease is usually reached within four or five days. Erythematous or vesicular

eczema begins acutely in ill-defined patches which coalesce and form, as a rule, one diffuse, reddened and swollen area which is the seat of intense itching. If there is no further irritation, after a period of twenty-four or forty-eight hours the acute symptoms subside. There is no febrile reaction or other constitutional disturbance.

Erythema may occasionally be mistaken for eczema when occurring between the folds of the skin, *eczema intertrigo*. In erythema intertrigo there may be maceration of the skin from external causes which might cause it to be confused with eczema intertrigo in which maceration from causes resident in the skin, is a characteristic feature. The acute inflammation, swelling, infiltration, discharge, and longer duration are the features to be relied upon in arriving at a correct diagnosis.

Dermatitis, or inflammation of the skin as the result of exposure to irritants, resembles eczema especially eczema vesiculosum in many of its particulars, and is perhaps only to be differentiated by the intensity of the inflammation, the short course, the location on exposed regions, and the history. Sometimes, when the irritation is prolonged a true eczema results.

Dermatits exfoliativa, an uncommon affection of the skin characterized by more or less universal desquamation of the skin, may have some points in common with a generalized eczema that may occasion an incorrect diagnosis. Eczema, however, seldom involves the entire surface and is attended by a gummy secretion most marked at the flexures at the joints. Itching is more marked in eczema and there is very little if any constitutional disturbances.

Scabies resembles eczema and they are not uncommonly confounded. It should be borne in mind that the cutaneous manifestations of scabies are papules, pustules, vesicles, crusts, and excoriations; lesions that are incident to any dermatitis. The distinguishing feature, however, is the presence of burrows in scabies. The burrow is to be found between the fingers and toes, upon the nipple in the female breast, and upon the penis in the male. Sometimes for various reasons it is impossible to demonstrate the burrow and under such circumstances the situation of the lesions is to be considered. In scabies, the most marked lesions are to be found with regularity on the flexor surfaces, and on the buttocks, the breasts, and the penis. The face is free except occasion-

ally in the case of very young nursing infants. There is marked itching, most pronounced at night and there is a history of contagion. Pustules upon the hands and feet should always suggest the possibility of scabies. Absolute dependence should not be placed upon the patient's statement in cases in which there is the slightest doubt. An apparently localized eczema not infrequently turns out to be scabies when the patient is stripped, a procedure that should never be neglected. Once in a while scabies is encountered in which the lesions are limited to the buttocks, or genitalia, or the axillæ. These cases should be regarded with suspicion. Too rigorous treatment in a frank case of scabies may produce a condition which for all practical purposes may be regarded as an eczema and be treated accordingly.

Herpes zoster is seldom mistaken for eczema vesiculosum but occasionally a doubt may arise in the diagnosis. A striking feature of zoster is the fact that the vesicles seldom rupture spontaneously while in vesicular eczema they rupture very early, producing the characteristic discharge. Neuralgic pains are common is herpes zoster and the lesions are found grouped together along

the line of a cutaneous nerve. The unilateral character of herpes zoster constitutes an additional distinction.

Herpes simplex of a few days duration presents an appearance that is not unlike that of eczema vesiculosum but the history of tense, grouped vesicles occurring on a sharply circumscribed area and the short course will usually serve to differentiate the two diseases.

Impetigo contagiosa at times presents features that are misleading. In this disease, however, it should be remembered that the lesions begin as rather large discrete vesicles or blebs which later become pustular and crustaceous but always retain their individuality. The lesions are superficial and seldom last over a week or ten days. Their situation, usually upon the hands and face, is distinctive. Itching is slight. There is a history of contagion. In pustular eczema, a broad, diffuse inflammatory base is to be observed. The course is prolonged and the ordinary history of vesicular eczema is obtained. The latter is not contagious.

Sycosis vulgaris and pustular eczema of the face may be mistaken, one for the other. Sycosis, however, is restricted to the bearded region while

eczema may and often involves other portions of the face. Sycosis is essentially a disease of the follicles while eczema attacks all portions of the skin uniformly. Towards the end of the course of an eczema in the bearded region the lesions appear follicular. The course of sycosis is more chronic and there is a greater tendency to recurrence in sycosis.

Tinea sycosis may be readily distinguished from eczema by the results of microscopic examination of the hairs, which are extracted with great ease. The lumpy, nodular appearance in tinea is highly suggestive of the disease.

Tinea circinata, when the lesion is accompanied by marked vesiculation, may divert the attention toward a vesicular eczema but in the latter sharply circumscribed circinate patches are the exception and resort to the microscope will remove any existing doubt as to the diagnosis. Caution should always be exercised before committing oneself as to the nature of vesicular eruptions in the genito-crural regions. Frequently they are ringworm but under the influence of improper treatment they become so markedly vesicular that the diagnosis of vesicular eczema seems self-evident,which view is later dispelled by the further

development of the disease. This class of cases constitute the so-called eczema marginatum.

Tinea tonsurans shows scaling at times that might cause a thought of squamous eczema to be entertained. Squamous eczema of the scalp, however, is rather infrequent and usually occurs in adults while ringworm is common in children. There is no loss of hair in eczema and the microscopic examination gives a negative result.

Psoriasis may be distinguished from squamous eczema by its history, the course, and the occurrence of patches covered with silvery, mother-of-pearl, imbricated scales on the scalp, elbows, and knees. The lesion of psoriasis are superficial and unattended with infiltration, thickening, or discharge. Psoriasis is of long duration and shows a great tendency to recur. Cases of psoriasis that have been under treatment for any length of time give rise to the greatest difficulty in diagnosis. The absence of discharge will be a feature of great importance in such cases.

Seborrhea of the scalp resembles squamous eczema somewhat but in the former there is at no time any evidence of inflammation. The scales are dry and greasy and at no time has there been any discharge. The affection is diffused over

the scalp while eczema occurs in a circumscribed, thickened, and infiltrated patch. Seborrhea is also attended with some loss of hair.

Pediculosis like scabies is accompanied by an eruption that resembles in many particulars, eczema. When occurring in the scalp, pediculosis gives rise to scratching which in turn is followed by pustular lesions and inflammatory reaction. In neglected cases, the pustulation and crusting are considerable. Many such cases may with safety be regarded as due to pediculosis. But this is not always the case. Usually, however, a careful examination will serve to detect the ova fastened firmly to the hairs. In pediculosis corporis, scratch marks, excoriations, papules, pustules, etc., will be found on the shoulder, back, and extensor surfaces of the extremities. This localization should lead to an examination of the seams of the clothing for ova. In pediculosis pubis, an error is likely to arise only when the physician relies on the statement of the patient rather than on his own personal observation.

Acne rosacea presents features that suggest the possibility of eczema but a careful examination will serve to determine the diagnosis. In acne rosacea there are present hyperemia, papules,

pustules, and sometimes tubercles but no acute inflammation. Vesication and discharge are absent at all times. The history and course of the disease are also different. Acne rosacea is limited to the nose and its immediate vicinity while eczema is likely to be diffused over the entire face.

Lichen planus, *papular syphilis*, *papular urticaria*, and other papular diseases are liable to confusion with papular eczema. In the latter however, other manifestations of the disease are to be found. The history, course, and duration are much different.

Pruritus, or essential itching, may be employed to designate a condition which will later prove to be eczema. This error in diagnosis is directly accredited to neglect to carefully examine the part said to be affected.

Various other diseases, including urticaria, pityriasis rosea, pityriasis rubra pilaris, miliaria, pemphigus, favus, lupus, and others, may be mistaken for eczema in any of its several forms unless the features previously mentioned are not constantly borne in mind. The great frequency of eczema should likewise be remembered when differentiating it from less common diseases.

PROGNOSIS.—Eczema tends to get well spontaneously. It is a curable disease. Recurrences are common by reason of the inability of the skin to stand irritation and on account of a continuance of the environment responsible for the original attack. In cases in which it is possible to remove the patient from all sources of irritation and place him upon the treatment indicated in his particular case, a very good result is the rule within a comparatively short period. Unfortunately most of the cases are ambulatory, and the patient is able to carry out only those details of the treatment that suit his convenience. The baker with the erythematous eczema of the face continues, from force of circumstances, to be exposed to the intense heat from the bake-oven; the washerwoman with the eczema of the hands and forearm must needs pursue her vocation which requires her hands to be in soap and water; and the superannuated domestic with eczema of the extremities in her struggle with poverty, is obliged to be constantly upon her feet. Hence it is that we come, both laity and profession, to regard the disease as chronic and extremely resistant to treatment. True it is certain types are less readily overcome than others and these include the dry

forms, the papular variety, those in which there is considerable infiltration and fissuring, and those that have existed for a long period. Eczema of the face, hands, nails, genito-crural region, perianal region, and the legs is often very obstinate. Constitutional disturbances are extremely rare in this disease although occasionally the intense itching may cause a debilitated condition of the patient. Eczema alone, never produces scarring but sometimes pigmentation may be left behind to mark the site of a former attack.

TREATMENT.—In order to conduct the care of a case of eczema toward a happy ending it is necessary to consider every detail in the patient's manner of living and to observe, in minutiæ, every manifestation of the disease, and their variation from time to time. If the slightest confidence is placed in the statement just made it will be readily seen that eczema is the same as any other disease in that it varies in individuals, that the severity of the attacks is not constant, that the cause is not the same in all cases, and that the medicaments must vary in kind and dose. But this logic seems to be ignored even by the more intelligent, when this disease (eczema) is under consideration.

Eczema is seldom, if ever, due to excessive

activity of the skin to remove irritant materials that the other excretory organs have failed to eliminate, no matter what the detail men from the wholesale drug houses may have stated to the contrary. The uric acid diathesis, suboxidation, and the host of euphonious conditions held in reserve as causes of obscure affections, play little or no part in the production of ezcema, and we are extravagant, to say the least, when we resort to lithia preparations, blood-purifiers, eliminants, etc., in its treatment. It is admitted that the condition of the general health bears a relation to this disease as to many others but it is very rare to be able to determine any specific internal condition. Such variations in the general health can be best treated upon general therapeutic principles.

Not only should composite remedies be condemned in the internal treatment but likewise in the local treatment. The use of cuticura, resinol, eczemol, unguentine, and the host of similar preparations vaunted as certain cures, bespeaks an ignorance of the disease in its entirety. These preparations are made up of drugs in certain fixed, definite proportions and it is impossible to continue their use in any one or any series of

cases any length of time without irritation on account of the natural variation of the disease. The dermatologists hesitate to employ the ointments of the pharmacopea for the same reason, preferring to dilute them and to add from time to time various ingredients as indicated.

While there is no specific internal treatment for eczema, it is well at the beginning to make careful inquiries as to the general health and to attend to the various impairments that may exist. The condition of the gastrointestinal tract should receive the most careful attention. While it has been shown by some observers that the condition of the alimentary canal has little or no relation to the disease, it is best to institute those measures that will insure a perfect condition of personal hygiene. In children with facial eczema, indiscretions in diet will be encountered so frequently, that the prescription of abstinence from tea, coffee, pies, cakes, candies, starchy food, fried meats, pretzels, pickles, etc., will be fully justified. A moment's thought will convince any one that these substances are unfitted for an infant's dietary, no matter what the condition is.

In adults, the condition of the digestive tract is no less important. Usually the patient is

aware of the articles of diet that induce dyspeptic symptoms and is able to cooperate with the physician by omitting them. Tea, coffee, tobacco, and alcoholic beverages should be discountenanced in all cases of long standing. A limited amount of exercise such as is obtained by a short walk in the open air is of great benefit in maintaining the tone of the gastrointestinal canal. A rather large proportion of the young and middle-aged adults affected with eczema lead sedentary lives which is a great factor in disturbing digestion. Consequently it is common to find considerable constipation.

Constipation in children calls for the administration of some medicament that will correct the disturbance of equilibrium in the digestive tract. Experience teaches that for this purpose there is no better drug than calomel, given in doses of 1-20 to 1-10 with one grain of sodium bicarbonate every two hours in powder form. The value of this may be enchanced by following the third or fourth powder with a dose of magnesium oxid (Husband's magnesia). A mixture of equal parts of aromatic syrup of rhubarb and castor oil given at night is also of value in cases of this character.

In adults, the most efficacious laxatives are the

salines although there is no objection to treating the constipation along ordinary lines. A half tumberful of Hunyadi water about a half hour before breakfast is perhaps the most elegant way of obtaining the desired results. Rochelle and Epsom salts are also valuable. Purgative pills do not seem to be held in much esteem in this disease. Sodium hyposulphite in 10 grain doses in solution three times daily after meals is a pleasant laxative but should be prepared as follows:

℞

Sodii hyposulphit.	℥iv	16.	Gm.
Glycerin	℥iv	16.	c.c.
Tr. cardamomi comp. q. s. ad.	f℥vi	180.	c.c.

M. S. Two teaspoonsful in water three times daily after meals. (Hartzell).

The following formula is in great favor among dermatologists, for cases in which there is anemia and constipation:

℞

Ferri sulphatis	gr. viii	.51	Gm.
Magnesii sulphatis	℥iss	47.	Gm.
Acid sulphuric dilut.	♏lxxx	5.	c.c.
Tr. cardamomi comp. q. s. ad.	f℥iv	120.	c.c.

M. S. Tablespoonful in water, half an hour before breakfast.

The following aperient mixture recommended by Duhring may also be employed:

℞			
Sodii phosphatis	ʒi	30.	Gm.
Acid phosphorici dil.	fʒv	20.	c.c.
Syrup zingiberis	fʒiss	45.	c.c.
Aquae menth. pip. q. s. ad.	fʒvi	180.	c.c.

M. S. One tablespoonful in a wineglassful of water three times daily.

Stelwagon makes use of the following preparation in those cases in which the patient for any reason is unable to take the salines:

℞			
Sodii salicylat.	ʒi	4.	c.c.
Fluidext. cascarae sagradae	fʒi	4.	c.c.
Tinct. nucis vomicae	fʒii	8.	c.c.
Tinct. cardamomi comp. q. s. ad.	fʒiii	90.	c.c.

M. S. Teaspoonful in water after each meal. The dose of each ingredient may be increased as the occasion arises.

In infants, the condition of the digestive tract is a factor of importance. Constipation is common. Crocker advises the administration three times daily of a dram of equal parts of infusion of gentian and senna, to which in very obstinate cases he adds two drops of tincture of belladonna and tincture of podophyllin.

Van Harlingen advises the following:

℞

Pulv. rhei.				
Sodii bicarb.	aa	ʒii	aa 8.	Gm.
Aq. menth. pip.		fʒiv	120.	c.c.

M. S. Teaspoonful in water after meals.

When there is catarrh of the intestines with loose and offensive movements, calomel should be prescribed and followed after thorough evacuation of the intestinal tract by mistura cretæ. The following may be used:

℞

Sodii bicarb.	gr. v	.32	Gm.
Spts. chloroformi	♏i	.06	c.c.
Aquae anethi dilut.	ʒi	4.	c.c.

M. S. One dose for a child one year (Crocker).

While it may be impossible to attribute eczema to any definite internal cause it is common to encounter the disease in individuals who have various internal disturbances which should be corrected on general principles, irrespective of any possible relation between them and the eczema. Many of these patients eat too much and exercise too little and as a result, a host of symptoms is produced that often masquerades under the designation "uric acid diathesis." In these cases

the alkalines, alkaline mineral waters, and intestinal antiseptics are of value. A reduction in the nitrogenous foods and total abstinence from alcohol should also be prescribed. Diuretics may be given to aid elimination.

It has been a common practice in the past to prescribe arsenic in eczema and other long-standing diseases of the skin. This drug is very seldom indicated and may produce harmful results. It has absolutely no specific action upon the eczema and is effective only through its tonic action on the economy in general, hence its use should be reserved for those cases occurring in weak and debilitated neurotic subjects. It should never be employed when the inflammatory reaction is acute.

Tonics are of value in nearly all cases. Cod-liver oil is especially efficacious particularly in the eczema of children. Iron, quinin, strychnin, hypophosphites, etc., are likewise beneficial. In some cases antimony is of service. Small doses of corrosive sublimate and also potassium iodid seem to produce good results even in the absence of a history of syphilis or any manifestations of the same.

It would seem after all has been said, that the

general symptoms occurring in the course of eczema, differ in their treatment in no particular, from the treatment of the same symptoms under other circumstances. Hence the necessity of a well-informed physician directing the treatment, and of not consigning it to the care of the advertising pages of some reputable or otherwise journal.

LOCAL TREATMENT.—Nearly every case of eczema when first seen by the physician is in a highly inflammatory state due to improper treatment. Most of the remedies employed up until this time have been too strong and consequently irritated. As a result the original type of the disease is masked. It is well in these cases to be content with the use of a saturated solution of boric acid, which is very sedative, for a few days until the undue irritation subsides. In very many cases this will be found very beneficial, and not uncommonly no other treatment is required.

Sometimes the affected area is concealed from view by crusts and scales. These must first be removed before any medicament is applied, if success is expected to crown one's efforts. The crusts should be gently removed otherwise the control of the patient, particularly if a child, is

lost and efforts to apply any treatment will be met with resistance. The removal of the crust is greatly facilitated by the application of starch poultice, olive oil, glycerin, boroglycerin, borax solution, peroxid of hydrogen, hot water, etc.

For ordinary cleansing in the course of an eczema it is best to avoid the use of soap and water but to employ instead boric acid solution, solution of bicarbonate of soda, and bran or starch baths. When the ointments or other applications have collected and hardened upon the affected area they are most easily removed by the use of petrolatum, olive oil, or sweet oil.

Acute eczema—When the disease assumes the acute type, a careful search for sources of irritation should be instituted and sedative applications made to the diseased area. The sources of irritation are various. Temporary exposure to extremes of heat and cold, counterirritants, dyes contained in clothing and furs, soap, etc., is frequently responsible for an acute outbreak of the disease and should be obviated.

If the disease is erythematous in character sedative lotions will be most valuable at first and the one to claim the greatest amount of attention is the ordinary saturated solution of boric acid

containing ten or fifteen minims of glycerin to the ounce.

This may be followed by or alternated with the following.

℞

Acid. boric.	ʒii	8.	Gm.
Acid. carbolic.	ʒss	2.	Gm.
Glycerin	♏x–xxx	0.65–2	c.c.
Aquae q. s. ad.	fʒviii	250.	c.c.

M. S. Apply locally twice daily (Stelwagon).

A lotion of carbolic acid alone is often of value:

℞

Acid. carbol.	ʒii	8.	c.c.
Glycerin	ʒii	8.	c.c.
Aquae	Oi	480.	c.c.

M. S. Apply locally twice or three times daily.

Oxid of zinc in powder or lotion is also beneficial:

℞

Calamin	ʒi	4.	c.c.
Zinc. oxid.	ʒii	8.	c.c.
Aquae	fʒiv	120.	c.c.

M. S. Apply locally night and morning.

Resorcin is very efficacious in relieving the attendant itching and should be employed as in the following:

℞

Resorcin	ʒss	2.	Gm.
Glycerin	ʒii	8.	c.c.
Liquor calcis	fʒiv	120.	c.c.

M. S. Apply locally three times daily.

After two or three days trial with the lotions in erythematous eczema, mild ointments or pastes should be used. The following may be taken as an example:

℞

Menthol	gr. v	0.32	Gm.
Acid. salicyl.	gr. viii	0.52	Gm.
Pulv. amyli			
Pulv. zinci oxidi aa	ʒii	8.	Gm.
Petrolat.	ʒiv	16.	Gm.

M. S. Apply locally twice daily

or:

℞

Menthol	gr. v	0.32	Gm.
Calamin.	gr. xx	1.3	Gm.
Ung. aquae rosae	ʒi	32.	Gm.

M. S. Apply locally two or three times a day

While the severity of an attack of erythematous eczema is greatly lessened and resolution is produced by the foregoing plan of treatment, the

disease is prone to recur. Usually the cause can be detected in the habits, mode of life, and environment of the patient.

Vesicular eczema, while acute in type, requires a somewhat modified plan of treatment. Owing to the alteration of the corneous layer, the treatment should aim to improve the process of cornification. Dusting powders aid greatly in accomplishing this aim. Among those of value in reducing the inflammation may be mentioned boric acid, starch, zinc oxid, magnesium carbonate, talcum, bismuth subnitrate, calamin, and lycopodium. The following combinations are beneficial:

℞

Acid. salicyl.		gr. v	.32	Gm.
Pulv. marantae				
Pulv. zinci oxidi	aa	ʒiv	16.	Gm.

M. S. Dusting powder.

or:

℞

Pulv camphorae	ʒss	2.	Gm.
Zinci oleat.	ʒii	8	Gm.
Pulv. amyli	ʒi	32	Gm

M. S. Dusting powder.

or:

℞

Pulv. acid. boric	gr. xxx	2.	Gm.
Talc.			
Zinci oxidi	aa ℥ss	16.	Gm.

M. S. Use as a dusting powder (Stelwagon).

A very efficacious method during the moist oozing stage consists in bathing the part affected with lotio nigra, either full strength or diluted with lime-water for fifteen or twenty minutes at a time, twice or three times during the 24 hours. The sediment should be allowed to dry upon the part after which the official zinc oxid ointment may be applied. Witch-hazel, lead-water, and lime-water, employed singly are productive of benefits. A combination of boric acid (16 grains) and lead-water (one ounce) is also valuable. A weeping eczema, however, should never be bound up.

Itching is often intolerable and may usually be relieved by one of the following prescriptions:

℞

Acid. carbolic.	℥ss	2.	Gm.
Zinc. oxidi.	℥ii	8.	c.c.
Glycerin	℥i	4.	c.c.
Aquae	f℥iv	120.	c.c.

M. S. Apply locally twice daily.

or:

℞

Resorcin	ʒss	2.	Gm.
Bismuth. subnitrat.	ʒii	8.	Gm.
Glycerin	ʒi	4.	c.c.
Liquor calcis	fʒiv	120.	c.c.

M. S. Apply locally twice daily.

or:

℞

Resorcin	gr. xx	1.3	Gm.
Bismuth. subgallat.	ʒii	8.	Gm.
Glycerin	ʒi	4.	c.c.
Aquae	fʒiv	120.	c.c.

M. S. Apply locally twice daily.

or:

℞

Pulv. calamin.	ʒi	4.	Gm.
Zinci oxid.	ʒi	4.	Gm.
Glycerin	ʒi	4.	Gm.
Aquae	fʒiv	180.	c.c.

M. S. Apply frequently (Duhring).

or:

℞

Pulv. zinci oxidi	ʒiss	6.	Gm.
Glycerin	ʒss	2.	Gm.
Liquor calcis	fʒvi	180.	Gm.

M. S. Apply locally twice daily.

or:

℞

Ichthyol	♏x	0.65	Gm.
Aquae	f℥i	30.	c.c.

M. S. Apply locally twice daily.

or:

℞

Fluidextract. grindeliae robust.	℥ss	2.	Gm.
Aquae	f℥iv	120.	c.c.

M. S. Apply locally twice daily.

or:

℞

Acid. carbol.	℥ss	2.	Gm.
Bismuth. subnitrat.	℥ii	8.	Gm.
Pulv. tragacanth	gr. xx	1.3	Gm.
Liquor calcis	f℥iv	120.	c.c.

M. S. Apply locally twice daily.

or:

℞

Liquor carbonis detergens	♏xx	1.3	Gm.
Glycerin	℥i	4.	Gm.
Aquae	f℥iv	120.	c.c.

M. S. Apply locally twice daily.

Oftentimes much benefit is to be derived in these acute types of alternating one of the fore-

going lotions with a mild unirritating ointment such as the following:

℞

Zinci oleat.	℥iv	16.	Gm.
Olei olivae	℥iv	16.	c.c.

M. ft. unguentum.
S. Apply locally twice daily.

or:

℞

Zinci oxidi	℥ii	8.	Gm.
Spts. camphorae	f℥ss	2.	c.c.
Ung. aquae rosae	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Acid. boric.	gr. xx	1.3	Gm.
Ung. aquae rosae	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Bismuth. subnitrat.	℥i	4.	Gm.
Calamin	gr. xx	1.3	Gm.
Ung. aquae rosae	℥i	32.	Gm.

or:

℞

Bismuth. oxidi	ʒi	4.	Gm.
Acidi oleici	ʒi	30.	Gm.
Cerae albae	ʒiii	12.	Gm.
Petrolat.	ʒix	36.	Gm.
Olei rosae	♏ii	0.12	c.c.

M. S. Apply locally twice daily (Anderson).

or:

℞

Anthrasol	gr. xxv	1.6	Gm.
Endermol	ʒi	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Acid. salicyl.	gr. x	0.6	Gm.
Petrolat.			
Lanolin aa	ʒiv aa	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Plumbi acetat.	ʒiv	16.	Gm.
Pulv. camphorae	gr. xv	1.	Gm.
Olei amygdalae	ʒii	60.	c.c.
Cerat. flav.	ʒi	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Hydrarg. chlorid. mitis	gr. xx	1.3	Gm.
Ung. zinci oxidi benz.	℥i	32.	Gm.

M. et. ft. unguentum

S. Apply locally twice daily (Maury).

or:

℞

Pulv. amyli			
Pulv. zinci oxidi.	aa ℥ii.	8.	Gm.
Petrolat	℥iv.	16.	Gm.

M. S. Lassar's paste; apply locally night and morning, being careful to remove the old application by sweet oil or petrolatum before applying the new.

A very common and efficient practice is to apply one of the foregoing lotions through the day, following it at night by the free use of the paste just given. A modification of the paste such as the following is of value:

℞

Acid. carbolic.	gr. v	.32	Gm.
Acid. salicylic.	gr. x	.6	Gm.
Pulv. amyli			
Pulv. zinci oxidi	aa ℥ii	8.	Gm.
Petrolat.	℥iv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Menthol	gr. viii	0.52	Gm.
Bismuth. subnit.	ʒss	2.	Gm.
Pulv. amyli			
Pulv. zinci oxidi aa	ʒii	8.	Gm.
Petrolat.	ʒiv	16.	Gm.

M. S. Apply locally twice daily.

Diachylon ointment, made after the formula of Hebra, will be found of great benefit in many cases. It should be spread upon cloths and then applied to the parts affected. The formula is:

℞

Olei olivae opt.	fʒxv	470.	Gm.
Lithargyri	ʒiii	12.	Gm.
Aquae q. s.			
Coque et adde			
Ol. lavandulae	ʒiii	12.	Gm.

M. ft. ung.

S. Use as directed.

This ointment may also be made of melting four parts of lead plaster and two or three parts of olive oil. Equal parts of lead plaster and zinc oxid ointment or petrolatum may be used as a substitute.

In *pustular eczema*, the crusts should first be removed by a soap or starch poultice or peroxid of hydrogen, after which one of the following may be used:

℞

Hydrarg. ammoniat.	gr. x	0.6	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily. (*Caution*, ammoniated mercury being readily absorbed should not be used over a large area even in moderate proportions on account of the possibility of ptyalism.)

℞

Iodoform	gr. v	.3	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Sulph. precip.	gr. xxx	2.	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Europhen	gr. xv	1.	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Hydrarg. ammoniat.			
Hydrarg. oxidi rub. aa.	gr. v	0.3	Gm.
Petrolat	℥i	32.	Gm.

M. S. Apply locally night and morning. (Stelwagon).

or:

℞

Ichthyol	ʒi	4.	Gm.
Ung. aquae rosae	ʒi	32.	Gm.

M. S. Apply twice daily.

In *papular eczema*, the itching being the most prominent feature, the treatment is designed first to relieve this symptom. The following formulas will be found of value:

℞

Acid. carbolic.	ʒi-ʒii	4.-8.	Gm.
Glycerin	fʒiv	16.	c.c.
Alcoholis	fʒiv-vi	16.-24	c.c.
Aquae destil. q. s. ad.	Oi	480.	c.c.

M. S. Apply locally three or four times daily (Duhring).

or:

℞

Liquor carbonis detergens	ʒss	2.	c.c.
Glycerin	ʒi	4.	c.c.
Aquae	fʒiv	120.	c.c.

M. S. Apply locally twice daily.

or:

℞

Olei cadini	ʒss	2.	Gm.
Collodion (flexile)	ʒi	32.	Gm.

M. S. Apply to the lesions with a brush.

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or:

℞

Anthrasol		gr. xx	1.2	Gm.
Pulv. amyli				
Pulv. zinci oxidi	aa	ʒii	8.	Gm.
Petrolat.		ʒiv	32.	Gm.

M. S. Apply locally as directed.

or:

℞

Thymol	gr. xv	1.	Gm.
Alcoholis	fʒi	30.	c.c.
Aquae destil.	fʒi	30.	c.c.

M. S. Apply locally twice daily.

or:

℞

Menthol	gr. v	.32	Gm.
Olei cadini	ʒss	2.	Gm.
Ung. zinci oxidi	ʒi	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Chloral				
Pulv. camphorae	aa	gr. xv	1.	Gm.
Ung. aquae rosae		ʒi	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Creasote	♏x	0.6	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily.

With the subsidence of the more acute symptoms in all cases of eczema, mild stimulation is indicated and this may be obtained in large part merely by increasing the strength of the preparations employed while the inflamation was high. The tar preparations may be used with advantage:

℞

Liq. plumbi subacetat.	f℥ss	2.	c.c.
Tr. picis mineralis comp.	f℥ss	2.	c.c.
Aquae destillat.	f℥viii	240.	c.c.

M. S. Apply locally freely (Hutchinson).

or:

℞

Tr. picis mineralis comp.	f℥ss	2.	
Zinci oxidi	℥i	4.	Gm.
Ung. aquae rosae	℥i	32.	Gm.

M. S. Apply locally (Duhring).

or:

℞

Picis liquidae	f℥ii	8.	c.c.
Potassae causticae	℥i	4.	Gm.
Aquae destillatae	f℥v	20.	c.c.

The Potassa is to be dissolved in water and gradually added to the tar, while the mixture is being rubbed together in a mortar.

M. S. Dilute with water and use locally. (Bulkley's "liquor picis alkalinis.")

or:

℞

Hydrarg. chlorid. mitis	gr. x	0.6	Gm.
Menthol	gr. v	0.3	Gm.
Ung. aquae rosae	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Ung. picis	℥ii	8.	Gm.
Ung. zinci oxidi	℥vi	24.	Gm.

M. S. Apply locally twice daily.

or:

℞

Olei cadini	℥ss	2.	Gm.
Acid. salicyl.	gr. x	0.6	Gm.
Pulv. amyli			
Pulv. zinci oxidi	aa ℥ii	8.	Gm.
Petrolat.	℥iv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Olei cadini	f℥iss	6.	c.c.
Cerat. simplicis	℥i	3.2	Gm.
Ol. amygdal. amar.	gr. x	0.6	c.c

M. ft. ung.

S. Apply locally as directed (Duhring).

or:

℞

Zinci oxidi	℥ii	8.	Gm.
Liq. plumbi subacetat. dil.	f℥vi	24.	c.c.
Glycerin	℥ii	8.	c.c.
Infus. picis liquidae q. s. ad.	f℥iv	128.	c.c.

M. S. Apply locally twice daily (Stelwagon).

Chronic Eczema.—When the acute symptoms have entirely subsided and the affected area becomes dry, thickened, and sclerosed, or in other words, when chronic eczema has supervened the indication is for stimulation. In this stage tar is especially valuable, the strength being greater than in the preparations used in the subacute stage. The following is an example:

℞

Olei. cadini		℥iss	6.	Gm.
Pulv. amyli				
Pulv. zinci oxidi	aa	℥ii	8.	Gm.
Petrolat.		℥iv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Olei cadini	℥ss	16.	Gm.
Glycerin	℥i	4.	Gm.
Ung. diachyli	℥iiss	80.	Gm.

M. S. Apply locally (Fox).

When the disease is localized and there is much thickening, soft soap may be applied, rubbed into the skin thoroughly, and followed by the application of freshly prepared diachylon ointment. A small piece of green soap should be rubbed into the skin after which warm water is applied and the rubbing continued for five minutes or more when the soap is removed and the part thoroughly dried. The diachylon ointment is then spread upon muslin strips and applied to the part. This should be repeated twice daily. In selected cases this method is very beneficial.

Various plasters are of value in chronic eczema unattended by discharge. Among which the following may be given:

℞

Acid. salicyl.	gr. xxx	2.	Gm.
Emplast plumbi			
Petrolat.	aa ℥iv	16.	Gm.

M. S. Spread on muslin and apply locally twice daily.

or:

℞

Emplast. saponis (U. S. P.) liquefact	90.0 parts.
Ol. olivae opt.	10.0 "
Acid. salicyl.	2.0 "

M. ft. emplast.

S. Spread on muslin or thin kid and apply (Duhring.)

or:

℞

Emplast. diachyli (U. S. P.)	60.0 parts.
Emplast. saponis	25.0 "
Cerae flavae	2.0 "
Vaselini	8.0 "
Acid. salicyl.	5.0 "

M. S. Compound salicylic plaster (H. G. Klotz.)

Gelatin dressings are also of value in chronic cases in which there is no discharge. Whitfield recommends the following:

℞

Zinci oxid.		
Gelatin	aa	30 parts.
Glycerin		50 "
Aquae		90 "

M. The mixture is melted on a water bath and the temperature is allowed to fall until it is near that of the body, after which it is thickly painted on the already

cleansed affected area. It is then strewn with a powder or absorbent wool dabbed on to facilitate the hardening process.

When the affection is encountered on the lower extremities and is accompanied by a varicose condition of the veins, support must be procured and this is best obtained by means of an elastic webbing or muslin bandage. The presence of any discharge from the part is a contraindication for the bandage. Cases of eczema that have persisted for a long period and are attended with discharge should first be treated as eczema of an acute type, openly and with sedative applications. The X-ray is often of value in cases of long standing. Atrophy of the skin often follows its use.

TREATMENT IN VARIOUS REGIONS.

While a knowledge of the foregoing principles will enable one to treat intelligently the various manifestations of the disease as they occur in different parts of the body yet a more comprehensive idea of the subject can be gained through a discussion of the features of the disease and its treatment in these various regions of the body.

Universal eczema is a rare condition. When observed in children it usually accompanies some grave internal disorder. The body may be covered with eczema to a considerable extent as the result of parasitic conditions or as a consequence of prolonged irritation such as attend certain occupations. It is usually erythemato-squamous in type. Rest in bed with the removal of all sources of irritation is the first indication. If the underlying cause is some parasite the appropriate treatment should be instituted. Soothing lotions are of benefit. Saturated solution of boric acid applied every two hours followed by a dusting powder of starch or zinc oxid is of value. A simple paste or cold cream will be found very efficient. Soap and water should be interdicted. The disease is frequently very refractory to treatment.

Eczema capitis may present itself in the erythematous, vesicular or pustular type. The erythematous or erythemato-squamous type is most common in the adult. It may involve the entire scalp. The scales should be removed by means of olive oil or petrolatum after which the ordinary medicaments used in erythematous eczema may be employed. Caution should be exercised not to

apply lotions containing resorcin to the scalp in light-haired individuals on account of the change in color likely to result.

The vesicular and pustular varieties of the disease in the scalp are most common in children. It is often difficult to differentiate the affection from impetigo contagiosa. The vesicles and pustules rupture early forming large crusts which become matted with the hair. Uncleanliness and pediculosis capitis are common accompaniments. The lymphatic glands behind the ear and at the back of the neck enlarge but seldom if ever, suppurate from this cause.

The treatment of vesicular or pustular eczema of the scalp consists first in removing the crusts after which the various medicaments are applied. The use of warm water and some non-irritating soap such as castile or ivory soap will be found very effective.

The application of sweet oil, olive oil, oil of sweet almonds, soap poultice, starch poultice, boroglycerin (25 per cent. solution), or borax solution will accomplish the same result. Peroxid of hydrogen will loosen the crusts and facilitate their removal but on account of its bleaching properties is contraindicated in brunettes. Any

of the following preparations may be employed after the crusts are removed:

℞

Hydrarg. ammoniat.	gr. xx	1.3	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Hydrarg. chlorid. mitis	gr. xx	1.3	Gm.
Menthol.	gr. v.	.32	Gm.
Ung. aquae rosae	℥i	32.	Gm.

M. S. Apply locally twice daily

or:

℞

Sodii carbonat	gr. xxx	2.	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily (Wallace).

or:

℞

Hydrarg. ammoniat.			
Hydrarg. oxidi rub. aa	gr. v.	0.32	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Sulph. precip.	gr. x	0.32	Gm.
Lanolin	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Betanaphtol	gr. x	0.6	Gm.
Petrolat.	℥i	32.	Gm.

M S. Apply locally twice daily.

or:

℞

Europhen	gr. xxx	2.	Gm.
Lanolin			
Petrolat. aa	℥iv	16.	Gm.

M. S. Apply locally night and morning.

When the disease becomes devoid of scales and crusts and assumes a chronic squamous type, the following is of service:

℞

Picis liquidae	℥i	4.	c.c.
Glycerin	f℥i	4.	c.c.
Alcohol	f℥vi	24.	c.c.
Ol. amygdalae amar.	gr. xv	1.	c.c.

M. S. Dilute with sweet oil and apply. (Duhring)

The preparations suggested for the treatment of eczema of the scalp may be modified to meet the requirements of the individual case. Lotions may be preferable to ointments and the strength

of the ingredients may need to be changed. Pastes, however, should never be used in any affection of the scalp on account of the difficulty that attends their removal. The scalp should be kept clean at all times if a successful result is anticipated.

Eczema faciei may be acute or chronic, or erythematous, vesicular, or pustular. The face is a very common site for the disease. The erythematous variety is seen most often in adults while the vesicular and pustular forms are common to children. The erythematous type usually occurs in patches about the forehead and cheeks and is attended by redness, swelling, infiltration, scaling, and intense itching. It may resemble erysipelas. A tendency to recurrence is marked. The disease is prone to occur in the elderly and those exposed to extremes of heat and cold. The following will be found of value:

℞

Calamin				
Zinci oxidi	aa	ʒi	4.	Gm.
Glycerin		ʒi	4.	Gm.
Aquae camphorae		fʒiv	120.	Gm.

M. S. Apply locally twice daily.

or:

℞

Menthol		gr. v	0.3	Gm.
Acid. salicyl.		gr. x	0.6	Gm.
Pulv. amyli				
Pulv. zinci oxidi	aa	ʒii	8.	Gm.
Petrolat.		ʒiv	16.	Gm.

M. S. Apply locally twice daily.

In the vesicular and pustular forms of eczema occurring on the face, sedative lotions should be used at first followed by soft ointments. Any of the following may be employed:

℞

Acid. boric.	ʒi	4.	Gm.
Zinci oxidi	ʒi	4.	Gm.
Glycerin	ʒi	4.	Gm.
Aquae	fʒiv	120.	c.c.

M. S. Apply locally twice daily.

or:

℞

Acid. carbolic.	ʒss	2.	Gm.
Zinci oxidi	ʒii	8.	Gm.
Glycerin	ʒi	4.	Gm.
Aquae	fʒiv	120.	c.c.

M. S Apply locally every 3 hours.

or:

℞

Camphor.	gr. xxxv	2.3	Gm.
Emplast. plumbi	ʒiii	12.	Gm.
Petrolat.	ʒiii	12.	Gm.
Ol. olivae	ʒi	4.	Gm.

M. S. For chronic erythematous eczema (Duhring).

or:

℞

Resorcin	ʒss	2.	Gm.
Glycerin	ʒi	4.	Gm
Liquor calcis	fʒiv	120.	c.c.

M. S. Apply locally twice daily.

or:

℞

Resorcin	ʒss	2.	Gm.
Bismuth. subnitrat.	ʒii	8.	Gm.
Glycerin	ʒi	4.	Gm.
Aquae	fʒiv	120.	c.c.

M. S. Apply locally twice daily.

or:

℞

Zinci oleat.	ʒi	4.	Gm.
Petrolat.	ʒi	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Menthol		gr. v	0.3	Gm.
Pulv. amyli				
Pulv. zinci oxidi	aa	ʒii	8.	Gm.
Petrolat.		ʒiv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Acid. carbolic.		gr. x	0.6	Gm.
Bismuth. subnitrat.		ʒi	4.	Gm.
Lanolin				
Petrolat.	aa	ʒiv	16	Gm

M. S. Apply locally twice daily.

or:

℞

Pulv. calaminae præp.	gr. xx	1.3	Gm.
Zinci oxidi	ʒss	2.	Gm.
Tr. camphorae	fʒss	2.	Gm.
Ung. aquae rosae	ʒi	32.	Gm.

M. S. Apply locally (Bulkley).

or:

℞

Acid. boric.	ʒi	4.	Gm.
Balsam. peruv.	gr. viii	.52	Gm.
Petrolat.	ʒi	32.	Gm.

M. S. Apply locally twice daily.

Local irritation being a prominent etiological factor in many cases, care should be taken not to employ the medicaments in any but the weakest proportions at first. Soap and water should be interdicted in all cases. Boric acid solution should be used instead for cleansing purposes. Various means should be taken to prevent the patient from scratching or rubbing the affected area.

Eczema of the eyebrows is usually seborrhoic in type and requires the use of some mild sulphur preparation. The scales should first be removed in the usual manner by anointing the part with sweet oil or petrolatum. The following should then be applied:

℞

Zinc. sulphat.					
Potass. sulphuret.	aa	gr. xx	aa	1.3	Gm.
Aquae rosae		f℥iv		120.	c c.

M. S. Apply locally twice daily.

or:

℞

Sulph. precip.		gr. xx		1.3	Gm.
Pulv. amyli					
Pulv. zinci oxid.	aa	℥ii		8.	Gm.
Petrolat.		℥iv		16	Gm.

M. S. Apply locally twice daily.

Eczema palpebrarum differs according to whether it affects the skin surface or the ciliary margin. When the former it is usually a part of an erythematous eczema of the face and is best treated by the application of sedative lotions such as a saturated boric acid solution. When the lid margin is affected alone, the condition in most cases can be readily traced to eyestrain but sometimes is found to be due to pediculosis ciliorum. Conjunctivitis of a chronic type attends this form. The hair follicles are involved and small pustules or papules mark their openings. The eyestrain should be corrected under cycloplegia. The conjunctivitis should receive the appropriate treatment and the margins of the lids should be massaged with the following:

℞

Hydrarg. oxidi flav.	gr. i	.065Gm.
Petrolat.	ʒiv	16. Gm.

M. S. Apply at night.

or:

℞

Boroglycerin	ʒii	8. Gm.
Ung. aquae rosae	ʒvi	24. Gm.

M. S. Apply locally night and morning.

Eczema narium is observed with greatest fre-

quency in children and usually assumes the pustular type. The disease resembles impetigo somewhat but is more persistent. There is usually an attendant nasal catarrh and the patients generally appear poorly nourished. The general health should be improved by the administration of tonics, especially cod liver oil. The nasal condition should also receive prompt attention. The eczematous area will usually be found to improve under boric acid ointment (U. S. P.), weak sulphur ointment or ammoniated mercury ointment.

Eczema labiorum may exist alone or combined with other forms of facial eczema. It may be ascribed to the effects of cold, irritation of the tooth brush, tooth powders, or tooth washes, anemia, and nasal catarrh. It is usually erythemato-squamous in type and is manifested by redness, swelling, infiltration, scaliness, fissures, heat and burning. At times the exudation and crusting is considerable. When the disease is moist in type sedative lotions and ointments are indicated such as boric acid lotion, resorcin lotion (gr. v. to ℥i), cold cream, boric acid ointment (U. S. P.) etc. Later, when the acute reaction has subsided weak tarry preparations may be employed.

℞

Olei cadini		ʒss	2.	Gm.
Pulv. amyli				
Pulv. zinci oxidi	aa	ʒii	8.	Gm.
Petrolat.		ʒiv	16.	Gm.

M. S. Apply locally twice daily.

The application of silver nitrate, collodion, tragacanth, paints, or simple paste may be employed.

Eczema barbæ may resemble sycosis vulgaris but it is to be remembered that the latter is confined to the follicles of the bearded region while the former attacks the skin between the follicles and adjacent to the beard. It is papulopustular in type and the affected area is more or less covered with yellowish or greenish crusts. As in sycosis, the treatment is aided considerably by keeping the hair closely cropped, not once only, but constantly. A boric acid lotion or a weak resorcin lotion (gr. v to ʒi) will be effective in allaying the acute symptoms. The scales and crusts should be removed by sweet oil or petrolatum but soap and water should be interdicted. The following may then be used:

℞

Hydrarg. ammoniat.	gr. xv	0.97	Gm.
Petrolat.	ʒi	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Sulph. precip.	gr. xxx	2.	Gm.
Acid. salicyl.	gr. v	0.32	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Hydrarg. oxidi flav.	gr. v	0.32	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Ichthyol		gr. xxx	2.	Gm.
Pulv. amyli				
Pulv. zinci oxidi	aa	℥ii	8.	Gm.
Petrolat.		℥iv	16.	Gm.

M. S. Apply locally twice daily.

Eczema aurium may manifest itself in the erythematous, vesicular, or pustular type. The former type is attended by considerable thickening and attacks the auditory canal with greatest frequency. It is usually secondary to a more or less constant discharge from the middle ear. Desquamation and itching are constant accompaniments. It

may not only arise from middle-ear disease but from strong antiseptic treatment directed toward the otitis media. The affected area should always be carefully dried after which almond oil, cold cream, Lassar's paste, or yellow oxid of mercury ointment (gr. i to ʒii) may be applied.

The vesicular type is greatly influenced by exposure to cold and protection therefrom should be afforded. Zinc oxid ointment or Lassar's paste will be of great value. The treatment, however, differs in no particular from vesicular eczema elsewhere. Pustular eczema of the ears will usually be found to be secondary to pediculosis capitis and uncleanliness. Ammoniated mercury ointment in strengths varying from 10 to 30 grains to the ounce will be of great value.

Eczema manuum or eczema of the hands may occur in the erythematous, papulovesicular, or thickened and fissured type. One or both hands may be involved, usually both. The acute vesicular type is observed on the sides and backs of the fingers while the chronic thickened variety affects both the dorsal and palmar surfaces. Eczema of the hands is usually due to the continued action of some irritant incident to the patient's occupation constituting the so-called "trade

eczema." The condition is often difficult to treat owing to the fact that the patient's social condition is such that it is impossible to remove the source of greatest irritation. Gloves may be worn to protect the hands but are at best only makeshifts. When there is considerable vesiculation the following plan will be of service:

℞

Resorcin	gr. xx	1.3	Gm.
Bismuth. subnitrat.	ʒii	8.	Gm.
Glycerin	ʒii	8.	Gm.
Aquae	fʒiv	120.	Gm.

M. S. Apply locally every 3 hours and follow at night with:

or:

℞

Menthol		gr. v	0.3	Gm.
Acid. salicyl.		gr. x	0.6	Gm.
Pulv. amyli				
Pulv. zinci oxidi	aa	ʒii	8.	Gm.
Petrolat.		ʒiv	16.	Gm.

M. S. Apply locally at night.

When the part become greatly thickened and sclerosed the following will be useful:

℞

Olei cadini		ʒi	4.	Gm.
Acid. salicyl.		gr. x	.6	Gm.
Lanolin				
Petrolat.	aa	ʒiv	16.	Gm.

M. S. Apply twice daily.

or:

℞

Olei cadini		ʒi	4.	Gm.
Olie amygdalae dulc.		ʒi	30.	c.c.

M. S. Apply locally, increasing the strength of the oil of cade as the condition warrants.

or:

℞

Ung. picis				
Ung. zinci oxidi	aa	ʒiv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Ung. picis		ʒii	8.	Gm.
Hydrarg. chlorid. mit.		ʒss	2.	Gm.
Petrolat.		ʒvi	24.	Gm.

M. S. Apply locally twice daily (Duhring).

When there is much thickening in the palms the following plaster is indicated.

℞

Acid. salicyl.	gr. xl	2.6	Gm.
Emplast. plumbi			
Petrolat.	aa ℥iv	16.	Gm.

M. S. Spread upon a piece of muslin and apply twice daily.

Chapping of the hands, a condition somewhat allied to eczema will be benefitted by:

℞

Glycerin	℥ii	8.	Gm.
Tr. benzoin. comp.	℥i	4.	Gm.
Aquae rosæ	℥ss	16.	Gm

M. S. Apply locally twice daily.

Eczema plantarum or eczema of the soles of the feet is characterized by considerable infiltration and thickening. The measures recommended for eczema of the hand are applicable to this condition. The following may also be used:

℞

Hydrarg. oleat. (5 to 15 per cent.)	℥iv	16.	Gm.
Olei cadini	℥ss	2.	c.c.
Cerat. simplicis	℥iv	16.	Gm.

M. S. Macerate the thickened skin with hot water and then apply twice daily.

Eczema unguium usually occurs in association with eczema of the fingers and is characterized

by roughness, lack of polish, exfoliation, and a worm-eaten appearance. There is usually some neurotic disturbance underlying involvement of the nails, and accordingly arsenic should be administered internally. Disturbances of the digestive tract are occasionally factors in the etiology. Locally, the nails should be scraped and stimulated by hot water and tar preparations. The following may be used:

℞

Ung. picis liquid.	℥iv	16.	Gm.
Hydrarg. chlorid. mit.	℥ss	2.	Gm.
Petrolat.	℥iv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Ung. hydrarg.			
Petrolat. aa	℥iv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Acid. salicyl.	gr. x	0.6	Gm.
Hydrarg. ammoniat.	℥ss	2.	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily.

Eczema intertrigo, or eczema of the flexures

presents itself usually as a moist, more or less excoriated condition aggravated by the continued friction of the opposing surfaces. Obviously the first point in the treatment is the avoidance of the friction by keeping the parts separated. Soap and water should be avoided. A saturated solution of boric acid should be used instead for cleansing purposes.

The following lotion will be found beneficial:

℞

Calamin	ʒi	4.	Gm.
Zinci oxidi	ʒi	4.	Gm.
Glycerin	ʒi	4.	Gm.
Aquae	fʒiv	120.	Gm.

M. S. Apply locally twice daily.

or:

Plumbi acetatis	gr. iv	.26	Gm.
Acid. acetic. dil.	♏x	.65	c.c.
Glycerin	ʒss	2.	Gm.
Aquae	fʒi	30.	c.c.

M. S. Apply locally twice daily (Duhring).

Dusting powders of talc, zinc oxid, starch, boric acid, calomel, etc., used after bathing with the lotions will also be of service. Mild ointments and pastes may be used in addition.

Eczema mammarum, or eczema of the breasts, usually manifests itself in the vesicular type and if neglected may become eczema rubrum. It selects the nipples by preference and most often occurs in primiparæ although it is also observed in single women and those who are not nursing. The nipples become cracked and fissured and covered with discharge and crusts. Itching and pain are present, the latter often becoming so intense as to require cessation of nursing. Painting of the affected area with silver nitrate solution (5 percent.) has proved useful in many cases. Care should be exercised that the breast is kept clean. The following may then be used:

℞

Liquor plumbi subacetatis	℥iss	6.	c.c.
Pulv. calamin. præp.	℥iss	6.	Gm.
Glycerin	℥i	4.	c.c.
Adeps.	℥i	32.	Gm.

M. S. Apply locally twice daily (Fox).

A lead nipple-shield should then be used to protect the nipple. The application of glycerite of tannic acid is also of value. The following is useful:

℞

Acid. boric.		ʒss	2.	Gm
Acid. salicyl.		gr. x	0.6	Gm.
Pulv. amyli				
Pulv. zinci oxidi	aa	ʒii	8.	Gm.
Petrolat.		ʒiv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Hydrarg. chlorid. mit.	ʒi	4.	Gm.
Magnesii carbonat.	gr. xxx	2.	Gm.
Petrolat.	ʒi	32.	Gm.

M. S. Apply locally twice daily (Duhring).

Among other modes of treatment that have been used in this often intractable condition may be mentioned the application of cold cream, painting with collodion, or compound tincture of benzoin, and the employment of soft soap and diachylon ointment as devised by Hebra. In obstinate cases of chronic eczema of the breast with well-defined margin and infiltration, the possibility of Paget's disease should be entertained.

Eczema genitalium occurs in both sexes and is frequently refractory to treatment. In the male the scrotum is the most common seat of the disease while in the female the labia are most often affected. It is manifested by redness, swelling, edema, moisture, crusts, painful fissures, thicken-

ing, and intense, and distressing itching. Uncleanliness, glycosuria, or any discharge from the genitals serves to aggravate the condition. Occasionally the erythematous type of the disease is encountered. In all cases of eczema in this region care should be taken to exclude the various parasites as causal factors. The traumatism induced by an essential pruritus may give rise to an eczema.

The first step in the treatment should be to keep the parts clean and to prevent the accumulation of crusts. This is best accomplished by keeping the affected areas enveloped in cloths saturated with boric acid solution until the very acute symptoms have subsided. Dusting powders of starch, zinc oxid, talc, boric acid, etc., may then be used alternately with the boric acid lotion, the calamin and zinc oxid lotion, or resorcin lotion. Lotio nigra followed by zinc ointment may be used. The following is of value:

℞

Calamin præp.				
Bismuth. carb.	aa	ʒss	2.	Gm.
Amyli		ʒss	2.	Gm.
Glycerin		ʒss	2.	Gm.
Aquae lauro-cerasi		fʒiv	120.	c.c.

M. S. Apply locally twice daily (Duhring).

or:

℞

Acid. boric q. s. sat. sol.			
Tr. myrrh.	f℥ss	16.	c.c.
Tr. camphoræ	f℥ii	60.	c.c.
Hydrarg. chlor. cor.	gr. iii	0.2	Gm
Aquæ destil. q. s. ad	f℥viii	240.	c.c.

M. S. Apply every 3 hours.

or:

℞

Iodoformi	℥ss	2.	Gm.
Bals. Peruviani	℥i	4.	c.c.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally on cloths.

or:

℞

Hydrarg. chlorid. mit.	℥i	4.	Gm.
Menthol.	gr. v	0.3	Gm.
Pulv. amyli.			
Pulv. zinci oxidi aa	℥ii	8.	Gm.
Petrolat.	℥iv	16.	Gm.

M. S. Apply locally twice daily.

The oftentime obstinate character of the disease in this situation taxes the resources of even the most experienced so that the remedies are here employed that would be discontenanced elsewhere. The proportions are variable, greater strengths being permissible than under other circumstances.

Eczema ani may occur alone or in combination

with eczema of adjoining regions. In patients presenting themselves with a history of itching of the anus, they should not be dismissed with the diagnosis of pruritus ani, and a prescription for the same, but instead a visual examination should be made. The routine performance of this, will result in a perceptible decrease in the number of instances of incurable pruritus ani since a not inconsiderable proportion of these cases are due to eczema. The usual symptoms of heat, swelling, infiltration, fissures, itching, etc., are present. There may also be hemorrhoids, parasites, fistula, moist papules, or other condition in addition.

The treatment consists, as in other forms of eczema, first in scrupulous cleanliness and avoidance of irritation. Bathing with boric acid solution, witch hazel, or hot water are of value in relieving the irritation. The following formulæ may be used:

℞

Ichthyol		ʒi	4.	Gm.
Menthol		gr. v	0.3	Gm.
Pulv. amyli				
Pulv. zinci oxidi	aa	ʒii	8.	Gm.
Petrolat.		ʒiv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Zinci oxidi	℥vi	24.	Gm.
Hydrarg. chlorid. corrosiv.	gr. i	0.65	Gm.
Glycerin	℥ii	8.	Gm.

M. S. Apply locally three times daily (Gross).

or:

℞

Olei cadini	℥i	4.	Gm.
Hydrarg. chlorid. mit.	℥i	4.	Gm.
Petrolat.	℥i	23.	Gm.

or:

℞

Cocain. hydrochlor.	gr. x	0.6	Gm.
Lanolin			
Petrolat.	aa ℥iv	16.	Gm.

M. S. Apply as needed to relieve the itching.

or:

℞

Liquor carbonis detergens	℥i	4.	Gm.
Petrolat.	℥i	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Olei cadini			
Olei amygdalae dulc.	aa ℥iv	aa 16.	c.c.

M. S. Apply locally twice daily.

or:

℞

Sulph. precip.	gr. xl	2.6 Gm.
Naphtol	gr. xx	1.3 Gm.
Morph. acet.	gr. ii	.13 Gm.
Zinci carb.	℥i	4. Gm.
Ung. aquae rosae	℥i	32. Gm.

M. S. Apply twice daily (Duhring).

Eczema crurum is one of the most common varieties of the disease encountered. It usually occurs in people past middle life, especially those who by reason of limited means and resources are compelled to be upon their feet the greater part of the day. Varicose veins frequently accompany the condition. In the beginning the disease is often manifested by one or more erythematous or vesicular patches round the ankles, or over the tibiæ. These may be cured and recur or they may steadily progress until a condition of eczema rubrum supervenes. The affected area is then very much reddened, swollen, and edematous, and covered with crusts and a discharge. Later, the part becomes smooth, glazed or covered with scales, pigmented, and thickened. The infiltration and thickening are marked features of eczema in this situation. Itching is intense. Ulceration is rather common.

The treatment of eczema rubrum is various. Perhaps no remedial measure is so producive of benefit in this condition as rest, and especially rest in bed, and none is so difficult to obtain. It is a common experience to observe this condition progress to recovery when the patient is confined to bed for some other illness.

When the condition is attended by edema and discharge black wash, diluted lead water, boric acid lotion (gr. xv to ℥i), resorcin lotion (gr. v to ℥i) etc., should be employed. The parts should not be bandaged as the pent-up discharge undergoes decomposition and macerates the skin. Cloths soaked with the lotion should be laid loosely over the diseased area and replaced frequently by fresh clean cloths.

The following is of value in some cases in the weeping stage:

℞

Plumbi acetat.	gr.Dc(600)	39.	Gm.
Alum.	gr. ccc	19.5	Gm.
Sodii sulphat.	gr. xl	2.6	Gm.
Aquae	f℥x	300.	c.c.

M. (Dissolve the lead acetate in 3 fluid ounces of water, and the sodium sulphate and alum in the remaining water, and then mix). Allow solution to stand for 2 days then filter.

S. Dilute with 20 parts of water and apply locally every three hours (Burow).

The solution of aluminium acetate as given by Duhring is also useful:

℞

Aluminii sulphat. (chryst.)	30 parts
Acid. acetic. (U. S. P.)	30 "
Calc. carbonat.	13 "
Aquae.	100 "

M. S. Dilute with twenty to forty parts of water and apply locally.

When the disease is limited to a rather small area the following plaster will be of benefit:

℞

Acid. salicyl.	gr. xx	1.3	Gm.
Emplast. plumbi Petrolat.	aa ℥iv	16.	Gm.

M. S. Spread upon muslin and apply locally twice daily.

Soap and water should never be used upon the inflamed area; instead a solution of boric acid, borax, or sodium bicarbonate should be employed for cleansing purpses. As the moist character of the condition begins to disappear the following will be found of great benefit:

℞

Menthol	gr. v	.32	Gm.
Hydrarg. chlorid. mit.	gr. xxx	2.	Gm.
Zinci oxidi	ʒiv	16.	Gm.
Petrolat.	ʒiv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Ichthyol	ʒss	2.	Gm.
Acid. salicyl.	gr. x	0.6	Gm.
Pulv. amyli			
Pulv. zinci oxidi aa	ʒii	8.	Gm.
Petrolat.	ʒiv	16.	Gm.

M. S. Apply locally twice daily.

Painful ulcers occurring in the course of eczema rubrum of the legs will be greatly relieved by:

℞

Resorcin	ʒss	2.	Gm.
Glycerin	ʒi	4.	Gm.
Liquor calcis	fʒiv	120.	c.c.

M. S. Apply locally twice daily.

or:

℞

Chloral	ʒi	4.	Gm.
Glycerin	ʒi	4.	Gm.
Aquae	Oi	480.	c.c.

M. S. Apply locally twice daily.

When the moist and oozing condition has disappeared and the part becomes dry, thickened, and sclerosed, stimulating applications are indicated; the strength being gauged by the effect produced being careful to start with weak preparations.

Tar is especially valuable in these cases.

℞

Olei cadini		ʒi	4.	Gm.
Pulv. amyli				
Pulv. zinci oxidi	aa	ʒii	8.	Gm.
Petrolat.		ʒiv	16.	Gm.

M. S. Apply locally twice daily.

or:

℞

Olei rusci		ʒi	4.	Gm.
Adeps benzoat.		ʒi	32.	Gm.

M. S. Apply locally twice daily.

or:

℞

Picis liquid.		ʒi	4.	Gm.
Camphoræ		gr. x	0.6	Gm.
Adeps		ʒi	32.	Gm.

M. S. Apply locally twice daily (Crocker).

or:

℞
Ung. picis
Ung. zinci oxidi aa ℥iv 32. Gm.
M. S. Apply locally twice daily.

When the part is dry, support will be afforded by wearing an elastic webbing bandage or stocking, the former being more preferable. Care should be taken that the bandage be applied from the toes up to the knee; there should be no reverses made and the turns of the bandage should overlap sufficiently to prevent the skin from protruding between them. The ordinary rubber bandage is inferior to the elastic webbing bandage in that it does not afford sufficient ventilation. When employing the bandage, it should be worn only during the day, a paste being applied at night. The following are examples:

℞
Zinci oxidi
Pulv. amyli aa ℥ii 8. Gm.
Petrolat. ℥iv 16. Gm.
M. S. Lassar's paste.

or:

℞
Acid. boric.
Zinci oxidi aa ℥ii 8. Gm.
Petrolat. ℥iv 16. Gm.
M. S. Duhring's paste.

or:

℞

Zinci oxidi	℥ii	8.	Gm.
Talc	℥iii	12.	Gm.
Petrolat.	℥iv	16.	Gm.

M. S. Hyde's paste.

or:

℞

Kaolin	
Olei lini aa	30 parts
Zinci oxidi	20 "
Liq. plumbi subacetat.	20 "

M. S. Kaolin paste (Duhring).

or:

℞

Terra silicea	℥i	4.	Gm.
Ung. zinci oxidi	℥i	32.	Gm.

M. S. Unna's paste.

The treatment devised by Hebra consisting of scrubbing with soft soap followed by the application of diachylon ointment spread on strips of muslin is adapted for chronic rebellious cases.

Gelatin dressings are also of value at times. The following formula is useful.

℞

Gelatin	
Zinci oxidi aa	10 parts
Glycerin	
Aquae ad	40 "

M. S. For local application (Duhring).

This should be heated on a water-bath and applied by means of a brush. A layer or two of gauze is laid over the part and another coating of the gelatin applied. The dressing becomes firm at ordinary temperatures.

ECZEMA SEBORRHOICUM.

Closely allied to eczema is the condition designated as eczema seborrhoicum. It is known under several names among which may be mentioned Seborrhea Corporis, Dermatitis Seborrhoicum, and Pityriasis Capitis. It is, however, a distinct form of cutaneous inflammation, although it resembles in its manifestations both eczema and seborrhea. The inflammatory reaction is of very mild degree. There is considerable scaliness which is of a greasy character. The affection shows a marked tendency to appear in circumscribed patches, a feature extremely rare in eczema, which may cause the condition to be confused with psoriasis.

Seborrhoic eczema occurs with greatest frequency upon the scalp. Varying grades of the disease may be encountered. The presence of inflammatory reaction even if slight will serve to distinguish

it from seborrhea, or dandruff, which it closely resembles in mild cases. There is considerable scaling, more or less greasy in character and the skin is reddened and infiltrated. The affection in most cases is observed to be present in rather sharply circumscribed areas although in occasional instances it will be diffused over the entire scalp. Its effect on the hair is variable. Sometimes the hair is dry, at others it is extremely oily. If the case is of long duration there is some loss of hair.

While the disease may be confined to the scalp in many instances, this is not always the case. The patches at the hairy border of the forehead often extend downward towards the eyebrow suggesting a parasitic origin for the disease. Coincidently, or shortly afterwards, or even independently, patches of scaliness appear on the face at side of the nose. In these areas the openings of the sebaceous glands seem unduly prominent and there is slight redness and oiliness of the skin.

Oftentimes, in children independently of any scalp involvement, dry, scaly, circinate patches, the size of a ten cent piece or larger, appear on the cheeks, chin, ears, or forehead which resemble ringworm very closely. This form of the disease is often encountered in great numbers

in schools, especially during the spring season. This likewise seems to point to a possible parasitic origin. The scales have a particularly greasy appearance which is characteristic, although the microscope frequently needs to be employed to make a positive diagnosis. Some cases have been known to involve the vermillion border of the lips but this is very rare.

Seborrhoic eczema also occurs upon the chest and it is in this situation that the term seborrhœa corporis is especially applicable. The skin over the sternum seems to be most often the site. The disease may appear in small, rounded, rather reddened spots covered with the characteristic greasy scales or in large gyrate or circinate patches. In both instances there is a resemblance to psoriasis but the history, general distribution, and character of the lesions will serve to make a distinction. The lesions of eczema seborrhoicum may be encountered on the back, and at times the integument around the umbilicus is involved. Not infrequently the disease may be encountered in the axillary and genitocrural regions and in these locations, its appearance approaches that of an ordinary eczema. Itching is seldom very marked unless there is some additional irritation.

CAUSES.—Various causes have been assigned for this condition. A factor of great importance is disturbance of the alimentary canal. The frequency of the condition in perfectly healthy individuals, however, would seem to point to some local cause for the affection. Carelessness and uncleanliness in the care of the scalp and the general surface are, doubtless, contributing causes. Excessively heavy underwear and prolonged sweating while wearing the same, seem to exert an influence in its production. The condition affects both sexes and seems to be most frequent between the ages of twenty and thirty. The manner in which the disease extends and its occurrence in groups of individuals points to the presence of a parasitic cause but no microorganism has been definitely isolated for it as yet.

PATHOLOGY.—Formerly this affection was considered as the nature of a seborrhea but the more modern views embrace a mild cutaneous inflammation together with alterations in the sebaceous glands. Some observers believe that there is also an involvement of the sweat glands. On account of the confusion existing as to the cases that properly belong under this heading the views of the histopathology as determined by

different observers do not coincide. However, with a conception of the presence of an inflammation together with a seborrhea a rather clear view of the pathology is obtained.

Diagnosis.—A distinction between eczema seborrhoicum and other diseases is, as a rule, readily made when the several characteristics of eczema seborrhoicum are borne in mind. The involvement of the scalp is sufficiently constant to be regarded as a diagnostic feature. The manner of extension of the disease is likewise an important differential point. While there are inflammatory changes present, they are extremely slight and there is no marked infiltration of the deeper layers of the skin. There is always an abundance of greasy scales, which also aids in distinguishing the disease. The tendency to occur in round or gyrate patches is characteristic. The disease with which it is most likely to be confounded are eczema, psoriasis, pityriasis rosea, ringworm, and seborrhea.

Eczema may be distinguished by its more inflammatory reaction. There is either a moist discharge or a history of the same at some remote period. Eczema tends to occur in patches which are diffuse and not sharply circumscribed. The

skin is very much reddened and there is marked itching. There are no greasy scales or accumulations in eczema.

Psoriasis, at times, so closely resembles eczema seborrhoicum that it is difficult for even the most experienced to arrive at a proper diagnosis readily. In cases of doubt, the entire body should be examined for outlying lesions that have maintained their identity but have escaped detection. The patches of psoriasis are covered with silvery, mother-of-pearl, imbricated scales which when removed expose a highly reddened surface which may present small bleeding points. The location of psoriasis is distinctive. The history is also a great aid in making the diagnosis.

Pityriasis rosea may be differentiated by the fact that it runs a definite course never involving the scalp. The patches are made up of papulo-squamous and mascular lesions. The scaling is dry and not greasy and there is no evidence of inflammation.

Ringworm is distinguished at once by recourse to the microscope. Apart from this the clinical features may be relied upon for diagnosis. Ringworm seldom occurs in so many patches. There is usually a history of contagion. The scaliness

is dry and there may be observed on the border many small vesicles. The patches are very sharply circumscribed and clear in the center to spread on the periphery. When the scalp is involved the localized areas of baldness with prominent follicles and broken stumps are characteristic.

Seborrhea is seldom confused with eczema seborrhoicum for the reason that the inflammatory element is entirely lacking in the former, the skin being pale and anemic. It is almost never sharply circumscribed but fades off gradually into the surrounding healthy skin. This affection does not extend as does eczema seborrhoicum and the course of the disease is more chronic.

PROGNOSIS.—The outlook is rather favorable in seborrhoic eczema. While the disease is of a rather chronic nature it responds quite rapidly to appropriate treatment. Unfortunately there is a rather marked tendency to recurrence which requires a continuance of the treatment for some time.

TREATMENT.—While this disease is considered by most observers to be due to some local irritant, parasitic or otherwise, there is sufficient evidence to show that it is greatly influenced by the condition of the digestive tract. Hence in all cases

it is well to make a careful inquiry into the state of the alimentary canal and to correct any aberration of its several functions. In individuals in whom dilatation of the peripheral blood-vessels follows slight stimulation, the use of tea, coffee, alcohol, and condiments should be interdicted. Other articles of food which do not agree with the patient should be excluded from the dietary. Constipation should be avoided.

The local treatment takes into consideration largely the involvement of the sebaceous glands. The following formula is of great value:—

℞			
Resorcin	℥ss	2.	c.c.
Glycerin	℥i	4.	c,c.
Liquor calcis	f℥iv	120.	c.c.

M. S. Apply locally twice daily.

This mixture may be used upon the scalp as well as upon other parts but the possibility of changing the color of light hair should be borne in mind. Occasionally the resorcin is dissolved in a 33⅓ per cent. alcohol instead of water. In the early stages when the inflammation is comparatively high the following will be beneficial:—

℞

Acid. boric.	ʒi	4.	Gm.
Zinci oxidi	ʒi	4.	Gm.
Glycerin	ʒi	4.	Gm.
Aquae	fʒiv	120.	Gm.

M. S. Apply locally twice daily.

This lotion as well as the preceding will have a drying effect upon the diseased area which at times may not be desirable. In such cases, cold cream, or petrolatum may be used. The following is employed in this connection:—

℞

Acid. salicyl.	gr. x	0.6	Gm.
Menthol	gr. v	0.3	Gm.
Ung. aquae rosae	ʒi	32.	Gm.

M. S. Apply locally twice daily.

As in other affections connected with the sebaceous glands, sulphur and resorcin will be found to be the most effective drugs. The more simple combinations of these two remedies will be found more useful. An ointment of resorcin such as the following is of value:—

℞

Resorcin		ʒss		
Lanolin			2.	Gm.
Petrolat.	aa	ʒii	16.	Gm.

M. S. Apply locally twice daily.

Sulphur may be used in lotion or ointment form. A solution of the hyposulphite of soda (ʒi to ʒi) is valuable but its decomposition in the presence of sebaceous matter gives rise to a disagreeable odor, hence it is best to employ it on non-hairy regions. The so-called "lotio alba" is also of value on non-hairy portions of the body:—

℞

Zinc. sulphat.				
Potass. sulphuret.	aa	ʒi	4.	Gm.
Aquae rosae		fʒiv	120.	c.c.

M. S. Apply locally twice daily.

This lotion does not decompose as does the former lotion but its sediment is extremely tenacious and somewhat difficult to remove from the hair. When sulphur is used in ointment form it is best to employ it weak and in combination with salicylic acid or salicylate of soda:—

℞

Sulph. precip.	ʒss	2.	Gm.
Acid. salicyl.	gr.x	0.6	Gm.
Petrolat.	ʒi	32.	Gm.

M. S. Apply locally twice daily.

Sometimes sulphur is more effective when used in a paste such as the following, but the paste should not be used when there is much hair:—

℞

Sulph. precip.		ʒss		
Pulr. amyli.			2.	Gm.
Pulr. zinci oxidi	aa	ʒii	8.	Gm.
Petrolat.		ʒiv	16.	Gm.

M. S. Apply locally twice daily using sweet oil or petrolatum to remove the old paste before applying the new.

As the acute inflammation subsides the diseased areas may be stimulated either by increasing the strengths of the remedies already advised or by the use of strong soaps and other stimulants. The ordinary tincture of green soap is often curative; especially is this true in connection with the small patches of the disease that occur on the face in children and seem to suggest ringworm. In all dry and scaly forms of the disease that have persisted for some time, much benefit may be obtained from the employment in varying strengths of tar, chrysarobin, silver nitrate, etc. These should all be used in weak strengths at first and gradually increased, otherwise there is a possibility of producing an acute dermatitis.

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